should be kept strictly confidential. Such results should be given out to the person and with his consent to the members of his family. Disclosure of the HIV status to the spouse or sexual partner of the person should invariably be done by the attending physician with proper counselling. However, the person should also be encouraged to share this information with the family for getting proper home-based care and emotional support from the family members.

(v) In case of marriage, if one of the partners insists on a test to check the HIV status of the other partner; such tests should be carried out by the contracting party to the satisfaction of the person concerned.

5.6.2. The HIV testing policy adopted is found to be appropriate for different types of testing done under the programme. At present people are tested for–

(a) Screening in blood banks

(b) epidemiological surveys; and

(c) confirmatory testing for clinical management and voluntary testing.

In the case of screening for blood donation, a single test of ERS (ELISA/ Rapid/Simple) is conducted to eliminate HIV sero-reactive blood. In the case of epidemiological surveys, two tests either with ELISA, or Rapid or Simple will be done. In both these cases the testing is unlinked and anonymous. In the case of diagnosis of clinically suspected cases and for voluntary testing, the testing will be done with 3 ERS using HIV kits with different antigens. HIV testing under these conditions will be carried out with proper pre-testing and post-testing counselling with informed consent of the individual and with proper follow up facilities.

5.6.3 In case of HIV testing facilities in the private sector hospitals, clinics, nursing homes and diagnostic centres, the State Governments should adopt legislative and other measures to ensure that these testing centres conform to the national policy and guidelines relating to HIV testing."

Transfer Policy for Doctors

1276. SHRI KALRAJ MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to reply to Unstarred Question 1966 given in the Rajya Sabha on 5th August, 2002 and state:

(a) whether Government's policy on the transfer and posting of doctors in the Department of ISM & H has not been implemented;

(b) if so, the details thereof;

(c) whether inter-changeable transfer and posting of doctors in ISM&H with the doctors posted at present in CGHS would be undertaken who can give administrative knowledge and skill; and

(d) if so, by when and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (d) Doctors are being transferred on the basis of functional requirements from one place to the other place.

Improvement of Medical Treatment in AIIMS

†1277. SHRI KALRAJ MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether no concrete policy regarding improvement of medical treatment in the All India Institute of Medical Sciences (AIIMS) hospital of the special category is being followed:

(b) if so, the reasons therefor;

(c) whether it is a fact that AIIMS has also failed in the field of quality and complete treatment, as well: and

(d) if so, the measures Government propose to take in this direction?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) No, Sir.

(b) Does not arise.

(c) No, Sir.

(d) a large number of Patients from all over the country including the neighbouring countries including come to the All India Institute of Medical Sciences for treatment. There is an abnormal rush in OPD in AIIMS. There is a proposal to improve the functioning of the Out Patients Department and

†Original notice of the question was received in Hindi.